

**Advanced Life Support Policy/Procedure #8**

**Utilization of Helicopters**

**Origin: 09/86**

**Revision: 04/02**

This policy establishes a comprehensive set of guidelines governing the requests for, and utilization of, helicopters in the Loudoun County Fire-Rescue Service.

1. There are two general uses for helicopters in the Fire-Rescue System:
  - A. Rapid evacuation of critically injured/ill patients.
  - B. Rescue operations, search and rescue operations, and fire suppression needs.
2. Rapid evacuation of critically injured/ill patients from the incident scene.
  - A. The decision to request the dispatch of a helicopter for transport of a critical patient rests with the highest certified Loudoun County Fire-Rescue EMS (EMT-B or higher) provider who has completed on-the-scene patient assessment and is rendering patient care.
  - B. Patient Criteria Guidelines for requesting a helicopter for rapid evacuation should be based on presenting clinical findings. Mechanism of injury alone is **not** sufficient cause for requesting a helicopter for rapid evacuation. The following criteria represent indications for rapid helicopter evacuation:
    1. Blunt injury with signs or symptoms of profound shock.
    2. Penetrating injury to the neck, chest, and/or abdomen.
    3. Head injury with unconsciousness.
    4. Second and/or third degree burns covering greater than thirty (30) percent of the total body surface area.
    5. Electrical burns with unconsciousness, airway compromise, and/or cardiac dysrhythmia.
  - C. The request for a helicopter from the incident scene will be made through LCFR Communications Division.
  - D. The LCFR Communications Division will request a helicopter **directly** from the Washington Hospital Center (MedSTAR) or INOVA Fairfax Hospital (AirCare) on an alternating call basis. In the event that the helicopter due is not **immediately** available, the LCFR Communications Division will contact the alternate service **directly**. (e.g., AirCare is due on the call and is not available. LCFR Communications Division will contact MedSTAR directly.)

- E. The following information will be provided by the LCFR Communications Division:
  - 1. Nature/Situation
  - 2. Location of patient/landing zone utilizing the map numbers and coordinates of the Loudoun County ADC Map Book.
  - 3. On scene contact person/unit and radio channel frequency number.
- F. In the event that neither service is immediately available, then the LCFR Communications Division will request the dispatch of a MedEvac Helicopter utilizing the "Call Down" list endorsed by the ALS Committee and approved by the Operational Medical Director.

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- G. Approval to transport the patient by helicopter from the scene will be made by MEDICAL CONTROL PHYSICIAN at LOUDOUN HOSPITAL CENTER following receipt of information concerning patient status and other pertinent information about the incident from the care provider or their designee on the scene.
- H. The MEDICAL CONTROL PHYSICIAN at LOUDOUN HOSPITAL CENTER reserves the right to designate the facility to which the patient will be transported.
- I. If a helicopter is not available, the patient will be transported to the facility designated (prior to transport) by the MEDICAL CONTROL PHYSICIAN at LOUDOUN HOSPITAL CENTER.

- 3. Rescue operations and/or search and rescue operations and fire suppression needs.
  - A. The Incident Commander in charge of an incident may request a helicopter through the LCFR Communications Division.
  - B. The responsibility of the Communications Division is then to locate the closest and/or fastest helicopter available that meets the needs requested. MEDICAL CONTROL PHYSICIAN approval is not required to obtain a helicopter for this purpose.
  - C. The Dispatcher will relay the following information as appropriate to the requested helicopter:
    - 1. Nature/situation
    - 2. Location of incident utilizing the map numbers and coordinates of the Loudoun County ADC Map Book.
    - 3. Any dangers for the helicopter, weather conditions, conditions of patient(s) if known.

4. Will a landing site be needed once the patient(s) is/are rescued? If so, where is the location of the landing site? Is additional apparatus needed? Will the helicopter transport the patient to the hospital?
5. On scene contact person/unit and radio frequency number.
4. The Dispatcher will notify the Incident Commander of which helicopter is responding and its estimated time of arrival (ETA) to the scene.
5. Incidents involving helicopters will be assigned an alternate channel for operational communication needs.
6. The Dispatcher will attempt to set up direct communications with the helicopter and the Incident Commander on the radio. (i.e., Metro)
7. The Incident Commander will coordinate and maintain radio silence during the landing and departure of a helicopter.

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Donald A. Sabella, MD, OMD

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Leo C. Kelly, PA, LCEMSAC